

Please type a plus sign (+) inside this box → ☐

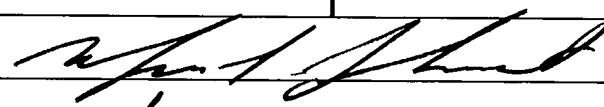
HDP/SB/21 based on PTO/SB/21 (08-00)


3743

TRANSMITTAL FORM (to be used for all correspondence after initial filing) U.S. PATENT & TRADEMARK OFFICE JUL 17 2002		Application Number	09/813,606
		Filing Date	March 21, 2001
		First Named Inventor	Hiroyuki Osakabe, et al.
		Group Art Unit	3743
		Examiner Name	Nihir B. Patel
Total Number of Pages in This Submission	6	Attorney Docket Number	4041J-000368

RECEIVED
 JUL 24 2002
 TECHNOLOGY CENTER H3700

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Michael J. Schmidt	Reg. No. 34,007
Signature			
Date	July 1, 2002		

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
Typed or printed name	Michael J. Schmidt		
Signature		Date	July 1, 2002

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>				Complete if Known																																																																																																																																																						
<div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; display: flex; align-items: center; justify-content: center; margin: auto;"> <div style="text-align: center;"> <p style="font-size: 24px; margin: 0;">JUL 17 2002</p> <p style="font-size: 12px; margin: 0;">U.S. PATENT & TRADEMARK OFFICE</p> </div> </div>				Application Number		09/813,606																																																																																																																																																				
				Filing Date		March 21, 2001																																																																																																																																																				
				First Named Inventor		Hiroyuki Osakabe, et al.																																																																																																																																																				
				Examiner Name		Nihir B. Patel																																																																																																																																																				
				Group / Art Unit		3743																																																																																																																																																				
TOTAL AMOUNT OF PAYMENT (\$)				110		Attorney Docket No.		4041J-000368																																																																																																																																																		
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																						
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>110</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table>						Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55	110	116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description							Fee Paid																																																																																																																																																
105	130	205	65																																																																																																																																																							
127	50	227	25																																																																																																																																																							
139	130	139	130																																																																																																																																																							
147	2,520	147	2,520																																																																																																																																																							
112	920*	112	920*																																																																																																																																																							
113	1,840*	113	1,840*																																																																																																																																																							
115	110	215	55	110																																																																																																																																																						
116	400	216	200																																																																																																																																																							
117	920	217	460																																																																																																																																																							
118	1,440	218	720																																																																																																																																																							
128	1,960	228	980																																																																																																																																																							
119	320	219	160																																																																																																																																																							
120	320	220	160																																																																																																																																																							
121	280	221	140																																																																																																																																																							
138	1,510	138	1,510																																																																																																																																																							
140	110	240	55																																																																																																																																																							
141	1,280	241	640																																																																																																																																																							
142	1,280	242	640																																																																																																																																																							
143	460	243	230																																																																																																																																																							
144	620	244	310																																																																																																																																																							
122	130	122	130																																																																																																																																																							
123	50	123	50																																																																																																																																																							
126	180	126	180																																																																																																																																																							
581	40	581	40																																																																																																																																																							
146	740	246	370																																																																																																																																																							
149	740	249	370																																																																																																																																																							
179	740	279	370																																																																																																																																																							
169	900	169	900																																																																																																																																																							
<input type="checkbox"/> Deposit Account: Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C.																																																																																																																																																										
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																										
FEE CALCULATION																																																																																																																																																										
1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>				Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee																																																																																																																				
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																					
101	740	201	370	Utility filing fee																																																																																																																																																						
106	330	206	165	Design filing fee																																																																																																																																																						
107	510	207	255	Plant filing fee																																																																																																																																																						
108	740	208	370	Reissue filing fee																																																																																																																																																						
114	160	214	80	Provisional filing fee																																																																																																																																																						
SUBTOTAL (1) (\$ 0)																																																																																																																																																										
2. EXTRA CLAIM FEES <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td>20 **</td> <td>=</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>3 **</td> <td>=</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> </table>				Total Claims	20 **	=	0	X	0	=	0	Independent Claims	3 **	=	0	X	0	=	0	Multiple Dependent				X	0	=	0																																																																																																																															
Total Claims	20 **	=	0	X	0	=	0																																																																																																																																																			
Independent Claims	3 **	=	0	X	0	=	0																																																																																																																																																			
Multiple Dependent				X	0	=	0																																																																																																																																																			
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table>				Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																				
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																					
103	18	203	9	Claims in excess of 20																																																																																																																																																						
102	84	202	42	Independent claims in excess of 3																																																																																																																																																						
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																						
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																						
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																						
SUBTOTAL (2) (\$ 0)																																																																																																																																																										
**or number previously paid, if greater; For Reissues, see above																																																																																																																																																										
Other fee (specify) _____																																																																																																																																																										
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 110)																																																																																																																																																										

RECEIVED

JUL 24 2002

TECHNOLOGY CENTER R3700

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Michael J. Schmidt	Registration No. Attorney/Agent)	34,007	Telephone	248-641-1600
Signature				Date	July 1, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.